

Space Above This Line for Recording Data

Prepared by: First National Title, LLC, Lawrence F. Hatten, III, Attorney (MS Bar# 101536),
6880 Cobblestone Blvd, Ste 2, Southaven, MS 38672 (662) 892-6536

Return to: First National Title, LLC, 6880 Cobblestone Blvd, Ste 2, Southaven, MS 38672
(662) 892-6536

QUIT CLAIM DEED

Grantor(s): Shirley M. Parham
Address: 8214 Regal Bend Dr
Olive Branch, MS 38654
Phone: 901-828-0548 / None

Grantee(s): Shirley M. Parham and Vicki L. Watson
Address: 8214 Regal Bend Drive
Olive Branch, MS 38654
Phone: 901-828-0548 / None

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned Grantor, **SHIRLEY M. PARHAM, an unmarried person**, do(es) hereby sell, convey and quitclaim unto **SHIRLEY M. PARHAM, an unmarried person and VICKI L. WATSON, n unmarried person, as joint tenants with full right of survivorship and not as tenants in common**, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:


Lot 182, Devon Park P.D., Phase III, situated in Section 22, Township 1 South, Range 6 West, DeSoto County, Mississippi, as recorded in Plat Book 81, Pages 47-48, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Said lands are subject to rights of way and easements for public roads and for public utilities; to applicable building, zoning, subdivision and Health Department regulations; to the covenants, limitations and restrictions of record with the said recorded plat of said subdivision and to which reference is hereby made; to any matter which might be disclosed by a current, accurate survey and physical inspection of said lands.

Possession is given upon the delivery of this deed.

By way of explanation, the Grantor herein acquired title to subject property as a tenant by the entirety with full right of survivorship with Emmett G. Parham, who passed away on JUNE 4, 2011, a copy of the death certificate is available in the office of the Mississippi State Dept. of Health Vital Records.

WITNESS MY SIGNATURE this 15th day of July, 2011.


Shirley M. Parham

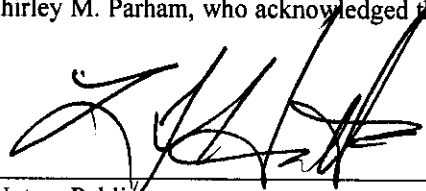
STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 15th day of July, 2011, within the jurisdiction, the within named Shirley M. Parham, who acknowledged that she executed the above and foregoing instrument.

(S E A L)

My Commission expires:




Notary Public

*****NO TITLE WORK REQUESTED NOR PERFORMED. LEGAL DESCRIPTION PROVIDED BY GRANTORS*****

FILE #: S18414

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH DK W BK 661 PG 297
VITAL RECORDS

09967904

2011-012400

FILING
DATE JUN 16 2011CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER 123

1. NAME First Middle Last Emmett G. Parham, Jr.		2. SEX M	3a. HOUR OF DEATH 10:30 am	3b. DATE OF DEATH (Month, Day, Year) June 4, 2011	
4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 91 Years	5b. MOS ONLY IF UNDER 1 YEAR 5c. DAYS ONLY IF UNDER 1 DAY 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) April 21, 1920	
7. STATE OF BIRTH Tennessee					
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9. FACILITY NAME (If not a facility, give street address, route number, or other location) (If hospital, also give ID number) MSVH-Oxford			
10. DECEDENT'S EDUCATION (Specify only highest grade completed) High School (9-12)		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Shirley McCrary	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15a. USUAL OCCUPATION (Kind of work done most of working life) Optometrist	
15b. KIND OF BUSINESS OR INDUSTRY Parham Optometry		16. INSIDE CITY LIMITS? (Specify Yes or No) Yes		17. STREET AND NUMBER OR RURAL LOCATION 8214 Regal Bend Dr.	
18. FATHER - NAME First Middle Last Emmett G. Parham, Sr.		19. MOTHER - NAME First Middle Maiden Mattie Cassell			
20a. INFORMANT - NAME (Type or print) Shirley Parham		20b. RELATIONSHIP TO DECEDENT Wife		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 8214 Regal Bend Dr., Olive Branch, MS 38654	
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) Cremation		21b. CEMETERY/CREMATORY - NAME Memphis Service Center Crematory		21c. LOCATION (City and State) Memphis, TN	
22a. FUNERAL HOME - NAME Family Funeral Care		22b. FUNERAL HOME LICENSE NUMBER 1034		22c. EMBALMER - SIGNATURE AND LICENSE NUMBER Not embalmed in MS	
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Judy Morse, RN Community Hospice		23b. PRONOUNCED DEAD (Month, Day, Year) June 4, 2011		23c. PRONOUNCED DEAD (Hour) AT 10:30 am	
24a. CERTIFIER - NAME (Type or print) Dr. Paul Odom		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 120 Veterans Drive; Oxford, MS 38655			
25a. To the best of my knowledge, death occurred due to (specify cause) and manner as stated. SIGNATURE 6/6/11 25b. DATE SIGNED (Month, Day, Year) 25c. STATE LICENSE NUMBER R04851 25d. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFIER (Type or Print) Dr. Paul Odom		25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 25f. TITLE 25g. DATE SIGNED (Month, Day, Year)			
26. PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or brain failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. IMMEDIATE CAUSE (Final disease or condition resulting in death) Dementia, vascular type, end stage Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					
27. PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Weight loss, s/p OVA, PAD					
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) NO					
30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		31b. DATE OF INJURY (Month, Day, Year)		31c. HOUR OF INJURY	
31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED					
31e. INJURY AT WORK (Yes or No)		31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		31g. LOCATION Street or route number City or town State	

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

6/21/2011

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

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